

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AKRAM		
O.I.P.E. CLASSIFIER		7/3	5/31/01
FORMALITY REVIEW	H.S	866	07-10-01
RESPONSE FORMALITY REVIEW	MD	890	03/28/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
51	6-22-02
52	9-11-02
53	8/4/02
54	10/20/03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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AL
 7/10 905
 3/28/02